

**CIVIL SERVICE COMMISSION - CITY OF STRONGSVILLE, OHIO  
ENTRANCE EXAMINATION – FIRE DEPARTMENT**

**Written Test - Saturday, November 14, 2020 - 9:00 a.m.**

at

Strongsville Recreation Center  
18100 Royalton Road  
Strongsville, Ohio 44136

**Physical Agility Test**

Administered by

Cuyahoga Community College

See link below for more information and dates.

<http://www.tri-c.edu/workforce/firefighter-physical-agility-testing/documents/firefighters-physical-agility-test-info.pdf>

**The City of Strongsville will only accept certificates from the Firefighter's Physical Agility Test administered by Cuyahoga Community College with a passing time of 4 minutes 30 seconds or less. Only Certificates issued on or after November 14, 2019 will be accepted and must be submitted with the completed application. All certificates will be subject to verification.**

An Applicant must first pass the Firefighter's Physical Agility Test from Cuyahoga Community College with the proper time in order to qualify to take the Written Test.

A passing score of 70% on the written test is necessary in order to be placed on the eligibility list.

1. All applications for examination must be made on the application form furnished by the Civil Service Commission. Applications can be picked up:
  - Strongsville Municipal Offices, (HR Department) 16099 Foltz Parkway, Strongsville OH 44149 from 8:00 a.m. to 1:00 p.m. and 2:00 p.m. to 4:30 p.m. Monday thru Friday **except when City Hall is closed**; or
  - Downloaded from City website: [www.strongsville.org](http://www.strongsville.org), Human Resources tab.
  - **Applications will not be faxed or mailed by the City.**
2. Each applicant for admission to the examination must be a U.S. citizen and must have attained the age of nineteen (19) prior to the date of the Written Test.
3. Each applicant must be at least twenty one (21) years of age at the time of appointment.
4. The City does not accept completed applications returned by mail, fax, or returned electronically.
5. **Completed applications must be returned in person to the City of Strongsville, Civil Service Secretary, 16099 Foltz Parkway between the hours of 8:00 a.m. to 1:00 p.m. and 2:00 p.m. to 4:30 p.m. except when City Hall is closed and no later than Monday, October 26, 2020 at 4:30 p.m. The Civil Service Commission has limited the acceptance of applications to the first 150 properly completed applications returned with the required fee and all proper certifications to the City of Strongsville.**
6. A Filing Fee of **\$25.00** must accompany the completed **APPLICATION**. Filing fee is **NON-REFUNDABLE** and can be paid by Cash, Cashier Check, Credit Card, or Money Order made payable to the City of Strongsville.
7. At the time that the application is returned to the City, the applicant must be a high school graduate and must present a high school diploma to the City of Strongsville Municipal Offices. Diploma will be copied and returned to applicant.

- 8. APPLICANT MUST SUBMIT A VALID OHIO PARAMEDIC LICENSE AT THE TIME THE APPLICATION IS RETURNED.**
- 9. APPLICANT MUST SUBMIT A VALID STATE OF OHIO FIRE CERTIFICATION, FIRE FIGHTER LEVEL I & II AT THAT TIME THE APPLICATION IS RETURNED.**
10. Applicant must have a valid Ohio driver's license and present it to the City of Strongsville HR Department when the application is returned. License will be copied and returned to the applicant.
11. Before appointment, prospective appointees may be required to submit to a polygraph examination, psychological examination, drug screening, a physical examination, and a criminal background check may also be conducted.

An applicant will not be admitted to the examination unless the applicant's application has been properly completed and filed with the City according to all directions and requirements.

*David R. Knowles, Chairman, Civil Service Commission  
City of Strongsville is an Equal Opportunity Employer*

## City of Strongsville Pre-employment Application

You must complete this form to apply for employment. Answers must be complete and legible.  
Applications lacking sufficient information will not be processed

*The City of Strongsville is an Equal Opportunity Employer and provider of ADA services*

### Applicant Information

Applicant's Name (Last, First, M.I.)			Position/Department Interested in Employment	
Street Address			Area Code/Telephone No.	
City	State	Zip Code	Alt. Telephone No./Mobile No.	
E-mail Address			County	Referral Source
Are you a citizen of the United States or an alien authorized to work in the United States on a full or part-time basis? <input type="checkbox"/> Yes <input type="checkbox"/> No If No, please explain:				
Have you ever been employed by the City of Strongsville before?		If yes, when?	Driver License No./State	
<input type="checkbox"/> Yes <input type="checkbox"/> No				
Are any of your employment records under a different name? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please provide names:				

### Education and Training

Check all Applicable boxes.		School	Grade Completed
<input type="checkbox"/>	Elementary		
<input type="checkbox"/>	High School Graduate/GED		
		College & Major	Date of Completion
<input type="checkbox"/>	Associates Degree		
<input type="checkbox"/>	Bachelor's Degree		
<input type="checkbox"/>	Master's Degree		
<input type="checkbox"/>	Other		

### Occupational Licenses, Registration, Certificates

License/Certificates Issued By	Field/Trade/Specialization	License/Certification No.	Issue Date	Expiration Date
Can you travel if the job requires it?				<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have the use of a motor vehicle? (If required in the performance of job duties)				<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever been discharged or suspended by an employer or resigned in lieu of dismissal?				<input type="checkbox"/> Yes <input type="checkbox"/> No
If Yes, please explain:				
Do you have supplemental employment that could be a potential conflict with the position you are applying for?				<input type="checkbox"/> Yes <input type="checkbox"/> No
If Yes, please explain:				
Are you related to anyone who currently works for the City of Strongsville?				<input type="checkbox"/> Yes <input type="checkbox"/> No
If Yes, please indicate names of relatives and where they work:				

## Employment History

Please list below all work-related experience, starting with the most recent employment and working backwards. Provide a detailed description of regularly assigned ongoing duties for each job. Additional sheets may be attached if necessary. Please attach a current resume (if available) to this application.

Classification	Job Title	Dates of Employment (Month & Year)	
		From:	To:
Employer		Supervisor Name and Title	
Business Address		Starting/Current Salary	Telephone No.
Description of job duties and give approximate percentage of major duties		Reason for leaving	

Classification	Job Title	Dates of Employment (Month & Year)	
		From:	To:
Employer		Supervisor Name and Title	
Business Address		Beginning/Ending Salary	Telephone No.
Description of job duties and give approximate percentage of major duties		Reason for leaving	

Classification	Job Title	Dates of Employment (Month & Year)	
		From:	To:
Employer		Supervisor Name and Title	
Business Address		Beginning/Ending Salary	Telephone No.
Description of job duties and give approximate percentage of major duties		Reason for leaving	

Classification	Job Title	Dates of Employment (Month & Year)	
		From:	To:
Employer		Supervisor Name and Title	
Business Address		Beginning/Ending Salary	Telephone No.
Description of job duties and give approximate percentage of major duties		Reason for leaving	

**Special Skills:** List training, licenses, office machines you can operate, typing speed, languages you speak fluently, etc. and any other skills which add to your qualifications.

Do you have computer skills? Please list software programs you have used:

Do we have permission to contact your present employer?  Yes  No

Do we have permission to contact your previous employer?  Yes  No

Date available for employment:

**References (List three PROFESSIONAL references who may be contacted)**

Name and Address (Number, Street, City, State and Zip Code)	Telephone Number	Occupation
Name and Address (Number, Street, City, State and Zip Code)	Telephone Number	Occupation
Name and Address (Number, Street, City, State and Zip Code)	Telephone Number	Occupation



*The City of Strongsville*

The City of Strongsville will not discriminate against any individual or group because of race, gender, sexual orientation, religion, age, height, weight, genetic information, national origin, color, marital status, political beliefs or disability. Applicants with a disability who may need an accommodation to complete the pre-employment application or participate in the interview process should make such a request to the City of Strongsville Human Resource Department.

Visit our Internet site [www.strongsville.org](http://www.strongsville.org)

**Applicant Certification**

I certify that all information above is true and complete and I agree and understand that any falsification of material facts will result in forfeiting any rights to consideration for employment with the City of Strongsville. I understand that if accepted by the City of Strongsville, my employment is voluntarily entered into and I am free to resign at any time. Similarly, the City of Strongsville is free to conclude my employment at any time. I further recognize that this application is not a contract and cannot create a contract, and that if hired I will be an employee at will, subject to discharge without cause unless otherwise specified by law.

Applicant Signature

Date

**CITY OF STRONGSVILLE  
EQUAL EMPLOYMENT OPPORTUNITY**

Responses to the questions below are **OPTIONAL**. These questions are included to assist our equal employment opportunity efforts. Providing this information is **VOLUNTARY** and will in no way affect the processing of your application or your being considered for employment. Human Resources will process your responses to these confidential questions separately. Responses will be used for statistical purposes only.

Position Applied For \_\_\_\_\_ Date \_\_\_\_\_

**OPTIONAL: Sex**

Male  Female

**OPTIONAL: Please select your age group.**

Under 18

18-25

26-39

40-54

55-69

70+

**OPTIONAL: Race/Ethnicity**

**WHITE:** All persons having origins in any of the original peoples of Europe, North Africa or the Middle East.

**BLACK or AFRICAN AMERICAN:** All persons having origins in any of the Black racial groups of Africa.

**HISPANIC or LATINO:** All persons of Mexican, Puerto Rican, Cuban, Central or South America or other Spanish culture or origin, regardless of race.

**ASIAN:** All persons having origins in any of the original peoples of the Far East, Southeast Asia, the Indian Subcontinent (for example, China, India, Japan and Korea).

**NATIVE HAWAIIAN or PACIFIC ISLANDER:** All persons having origins in any of the original peoples of the Hawaiian Islands and Pacific Islands (for example, Hawaii, Philippine Islands and Samoa).

**AMERICAN INDIAN or ALASKAN NATIVE:** All persons having origins in any of the original peoples of North America and who maintain cultural identification through tribal affiliation or community recognition.

**OTHER:** Please self define. \_\_\_\_\_

**OPTIONAL: Are you an individual with a physical or mental impairment which substantially limits one or more of your major life activities?**

Yes  No

**OPTIONAL: Are you a veteran?**

Yes  No

**OPTIONAL: If you answered Yes to the previous question, please indicate if one or more of the following apply.**

**MILITARY STATUS:** The performance of duty in a uniformed service, to include active duty, active duty for training, initial active duty for training, inactive duty for training, full-time National Guard duty.

**DISABLED VETERAN:** A person whose discharge or release from active duty was for a disability incurred or aggravated in the line of duty.

**DESERT STORM/SHIELD VETERAN:** A person whose active duty was performed after August 2, 1990, in the Persian Gulf Conflict.

**VIETNAM ERA VETERAN:** A person served on active duty for a period of more than 180 days, any part of which occurred between August 5, 1964, and May 7, 1975.

## **FIREFIGHTER'S PHYSICAL AGILITY TEST INFORMATION**

Cuyahoga Community College requires that **all of the Tasks must be completed in (7) minutes or less for entrance into the Fire Academy. Check with each city you are applying for to find out their established times for the physical agility.**

The firefighter's physical agility test consists of the following tasks over a timed course:

### **TASK 1 - Stair Climb with High Rise Pack**

Carry a high-rise standpipe pack (2-50 foot sections of 1 1/2-inch hose weighing 50 pounds) to the third floor of the fire tower. Deposit the hose in the designated location. After Task 2 is completed, this hose will be returned down the stairs to the starting location.

### **TASK 2 - Hose Hoist**

From a third story window, using a hand motion hoist a 50 foot donut roll of 2 1/2 inch hose (about 50 pounds) connected by 5/8 inch rope. This task will be completed twice.

### **TASK 3 - Forcible Entry**

Using the Keiser Force Machine, and a nine-pound hammer, drive a steel beam 5 feet.

### **TASK 4 - Hose Advance**

Pick up the nozzle and move a 1 3/4-inch charged hose straightforward 75 feet.

### **TASK 5 - Victim Rescue**

Drag a 175 pound dummy a distance of 100 feet.

Cuyahoga Community College will issue a certificate of completion indicating the time it takes to complete the tasks. The class participants will be responsible for taking their certificate of completion to the jurisdiction for which they are applying. The certificates will be valid for one year. Applicants must be sure that the fire departments where they are applying for a position will accept the certificate as their standard.

### **Prerequisites for Firefighter Agility Testing**

1. Must show photo proof of identification after passing the test. An Ohio Drivers License or State Identification Card is acceptable.
2. Must read and sign a waiver of liability.
3. Must complete a college non-credit registration form and pay a \$60.00 course fee prior to the test date.
4. Must be in excellent physical health. A physician's exam is not required but is highly recommended.

The firefighter's agility testing will be conducted outdoors. Applicants will be required to wear five-pound ankle weights to simulate the weight of firefighter turn out gear. An air tank will be worn during testing for weight only; it will not be used for breathing air. Applicants can furnish their own gloves or they will be furnished. A firefighter helmet must be worn. Helmets will be furnished. Applicants can furnish their own liner, if they prefer. A ball cap or skullcap will work. It is suggested that applicants wear physical training gear with long pants and athletic shoes with good traction.

Firefighting is physically demanding and at times extremely hazardous. Candidates are encouraged to do pretesting exercises that will assist them in completing the agility test.

Please note: Cuyahoga Community College does not assume any responsibility for any medical consequences that might arise from participating in physical agility testing. **Students under the age of 18 must have an "Assumption of Risk" form signed by parent or guardian prior to testing. CALL FOR FORM.**

**For information: call 216-987-5429 or  
216-987-5060**

## **FIREFIGHTER'S PHYSICAL AGILITY PREP COURSE**

FEE:	\$125.00
TIME:	6:00 - 8:00 PM - WEDNESDAY
LOCATION:	Tri-C, West, Fire Tower
COURSE # 32039	Jan. 2, 8, 15, 22, 29, 2020 (1 <sup>st</sup> day Thurs)
COURSE # 32040	Feb. 19, 26, Mar. 4, 11, 18, 2020
COURSE # 32041	Mar. 25, Apr. 1, 8, 15, 22, 2020
COURSE # 32042	Apr. 29, May 6, 13, 20, 27, 2020
COURSE # 32043	June 10, 17, 24, July 1, 8, 2020
COURSE # TBA	July 15, 22, 29, Aug 5, 12, 2020
COURSE # TBA	Aug. 19, 26 Sept. 2, 9, 16, 2020
COURSE # TBA	Sept. 23, 30, Oct. 7, 14, 21, 2020
COURSE # TBA	Oct. 28, Nov. 4, 18, 25, Dec. 2, 2020

CLASS SIZE: 6 Minimum/25 Maximum

Cuyahoga Community College provides this 5 evening, 10 hour course to help train an individual for the Firefighter's Physical Agility Test. Participants will wear and use the same equipment that is required for the test. If insufficient enrollment, the course will be canceled. You will be notified by phone or postcard.

## **FIREFIGHTER'S PHYSICAL AGILITY TEST**

FEE:	\$60.00
TIME:	Test time will be assigned when registering.
LOCATION:	Tri-C, West, Fire Tower - SUNDAY
COURSE # 32044	January 12, 2020
COURSE # 32045	February 2, 2020
COURSE # 32046	March 22, 2020
COURSE # 32047	April 26, 2020
COURSE # 32048	May 31, 2020
COURSE # TBA	July 12, 2020
COURSE # TBA	August 16, 2020
COURSE # TBA	September 20, 2020
COURSE # TBA	October 25, 2020
COURSE # TBA	December 6, 2020

Registration must be completed and paid prior to the test as explained below. Applicants must sign-in prior to start of the test. Late arrivals will not be tested. If insufficient enrollment, the test will be canceled. You will be notified by phone or postcard.

### **REGISTRATION INFORMATION**

All registrations will close 4 days prior to the start of the course. Applicants will be notified of testing time when registration and payment information are received.

**To Register by mail:** Complete the registration form enclosed. Make your check payable to and mail to Cuyahoga Community College, Fire Training Academy, 11000 Pleasant Valley Rd., PSTC Room 124, Parma, Ohio 44130.

**To Register in person:** Stop by the Fire Academy Office at the Western Campus, PSTC Office 124, Cuyahoga Community College.

**To Register by FAX:** Payment must be by credit card  
216-987-5468

**To Register by phone:** Payment must be by credit card (2.4% processing fee is charged for all credit card transactions.  
216-987-5429 or 216-987-5060

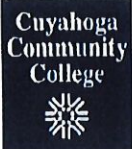
**Registration Deadline: 5:00 p.m. the Wednesday prior to the test date.**

**Refund Policy:** Participants will receive a 90 percent refund if they withdraw prior to the test, no refunds thereafter.

**Parking:** Park in the lot to the right of the Fire Drill Grounds.

**Directions to Campus:** Exit I-71 at Bagley Road and go East. Exit I-77 at Pleasant Valley Road and go West. Exit The Ohio Turnpike at Exit 10 to I-71 North. The Campus is located at the corner of Pleasant Valley and York Roads, 11000 Pleasant Valley Rd., Parma, OH.

**INITIAL FIREFIGHTER TRAINING**



# Physical Agility Registration Form

I will be attending: Fall \_\_\_\_\_ Spring \_\_\_\_\_ Summer \_\_\_\_\_

Please Print and Complete All Items

New Student     Returning Student    Last Attended:    
Month                      Year

Personal Information				
SS# (required): _____				
Name _____				
<small>Last</small>	<small>First</small>	<small>MI</small>	<small>Maiden</small>	
Address _____				
<small>Number</small>	<small>Street</small>	<small>Apt. No.</small>		
<small>City</small>	<small>State</small>	<small>Zip</small>	<small>County</small>	
Phone _____				
<small>Area Code</small>	<small>Number</small>			
E-Mail _____				
Sex	<input type="checkbox"/> Male <input type="checkbox"/> Female			
Ethnic Code	<input type="checkbox"/> Black	<input type="checkbox"/> American Indian or Alaskan		
	<input type="checkbox"/> White (non-hispanic)	<input type="checkbox"/> Asian, Pacific Islander, Indian Subcontinent		
	<input type="checkbox"/> Hispanic	<input type="checkbox"/> Other _____		
Date of Birth (required)	_____			
U.S. Citizen	<input type="checkbox"/> Yes <input type="checkbox"/> No			

Fire Department Employment Information			
Dept	_____		
Position	_____		
Address	_____		
	<small>Number</small>	<small>Street</small>	
<small>City</small>	<small>State</small>	<small>Zip</small>	<small>County</small>
Phone	_____		
<small>Area Code</small>	<small>Number</small>		<small>Extension</small>
FAX	_____		
<small>Area Code</small>	<small>Number</small>	<small>Extension</small>	

Mail or FAX In Registration	
<b>Payment Type</b>	
<input type="checkbox"/> Letter of Intent (copy attached)	<input type="checkbox"/> P.O # _____ (copy attached)
<input type="checkbox"/> Check Enclosed	<input type="checkbox"/> Money Order
<input type="checkbox"/> MasterCard	Exp. Date _____
<input type="checkbox"/> Visa	Exp. Date _____
<input type="checkbox"/> Discover	Exp. Date _____
<input type="checkbox"/> American Express	Exp. Date _____
<b>Approval of 2.4% non-refundable Processing fee</b> _____	
Account Number	_____
Name on Card	_____
Signature	_____

## Registration Information:

Please make checks payable to Cuyahoga Community College.  
 To register over the phone, please call 216-987-5429 or 216-987-5060

Mail registrations to Cuyahoga Community College, Fire Training Academy, 11000 Pleasant Valley Road, Parma, OH 44130.  
 Fax registrations to (216) 987-5468.

**NOTE: If your Fire Department is paying, you must include either a check, an original purchase order, or a letter of intent signed by the Chief on Department letterhead.**

Course Reference Number	Course Title	Start Date	Fee
	Physical Agility Test		\$ 60.00
	Physical Agility Prep Course		\$125.00